

PART B - FEE(S) TRANSMITTAL

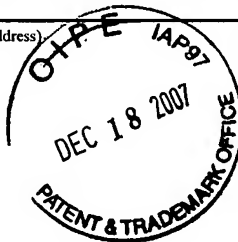
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513 7590 10/12/2007

WENDEROTH, LIND & PONACK, L.L.P.
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(Depositor's name)
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/521,767	05/24/2005	Yoshio Bando	2005_0079A	2682

TITLE OF INVENTION: TEMPERATURE MEASURING METHOD USING MICRO TEMPERATURE SENSING ELEMENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	01/14/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
JAGAN, MIRELLYS	2859	374-201000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. **Use of a Customer Number is required.**

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Wenderoth, Lind & Ponack, L.L.P.

1 _____
 2 _____
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

NATIONAL INSTITUTE OF MATERIALS SCIENCE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

IBARAKI, JAPAN

THE COMMISSIONER IS AUTHORIZED
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Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
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- ☐ Advance Order - # of Copies _____

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- ☒ A check is enclosed. Check No. 83855
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- ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Matthew M. Jacob

Typed or printed name Matthew M. Jacob

Date 12/17/2007

Registration No. 25,154 1440.00 OP

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